

In re Application of:

SATOSHI OHTA

Application No.: 09/676,091

Filed: October 2, 2000



Docket No. 03500.014852.

Examiner: T. Pham

Group Art Unit: 2625

Date: July 10, 2006

For: PRINT SERVER APPARATUS, INFORMATION PROCESSING APPARATUS, PRINT JOB RESERVATION MANAGEMENT METHOD, RESERVATION JOB GENERATION METHOD AND MEMORY MEDIUM

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment And Request For Interview in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 31	MINUS	** 60	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 4	MINUS	*** 8	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 10, 2006
(Date of Deposit)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)

Signature

July 10, 2006
Date of Signature

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ 790.00 to cover the fee for a Request For Continued Examination (RCE) Transmittal.
- A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicant
Registration No.: 42,419

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Form #120

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